FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

1. Name and Address of Reporting Person CONLEY E RENAE			Requiring S (Month/Day	Requiring Statement (Month/Day/Year) 01/01/2022 3. Issuer Name and Ticker of Trading Symbol Southwest Gas Holdings, Inc. [SWX]						
(Last) (First) (Middle) 8360 S. DURANGO DR.					Relationship of Reporting Person(s) to Issuer (Check all applicable)			5. If Amendment, Date of Original Filed (Month/Day/Year)		
(Street) LAS VEGAS	NV	89113			X	Officer (give title below)	10% C Other below)	(specify	A Person	by One Reporting by More than One
(City)	(State)	(Zip)								
Table I - Non-Derivative Securities Beneficially Owned										
1. Title of Sec	curity (Instr. 4)				unt of Securities			4. Nature of Indirect Beneficial Ownership (Instr. 5)		
					4)			ndirect		,
				erivative	Secu	ırities Beneficia ptions, converti	(i) (Inst	ndirect r. 5)		
1. Title of Der	rivative Securit	(e.g.		Perivative ls, warran	Secunts, o	urities Beneficia ptions, convert tle and Amount of S erlying Derivative Se	(I) (Insti	ndirect r. 5)	5. Sion Ownership Sise Form:	6. Nature of Indirect Beneficial Ownership (Instr. 5)

Explanation of Responses:

No securities are beneficially owned.

Thomas E. Moran, POA 01/05/2022

** Signature of Reporting Person

Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- * If the form is filed by more than one reporting person, see Instruction 5 (b)(v).
- ** Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB Number.